

C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

October 5, 2007

Bryon Martin, Administrator Golden Age Heritage Home 155 East 3rd North Preston, ID 83263

Dear Mr. Martin:

On September 27, 2007, a Fire Life Safety Survey was conducted at Golden Age Heritage Home. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/lj

Enclosure

PRINTED: 10/02/2007 FORM APPROVED

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** 01 - ENTIRE BUILDING A. BUILDING B. WING 09/27/2007 13R467 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 155 E 3RD NORTH **GOLDEN AGE HERITAGE HOME** PRESTON, ID 83263 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 27, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire Safety & Construction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

STATE FORM 6899 T42Z21 If continuation sheet 1 of 1

TITLE

(X6) DATE